



Hays International College

CRICOS Number: 02790D Provider Number: 21838

STUDENT INFORMATION REQUEST FORM

(STUDENT TO complete this form in **BLOCK LETTERS**)

This form is to be completed and submitted to the Administration Department / PEO.

FAMILY NAME (SURNAME)	
FIRST NAME (GIVEN NAME)	
HIC STUDENT ID	
COURSE CODE	
COURSE NAME	

Information requested for:

Purpose :

Signature of student requesting information _____

Date _____



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For Office use only:

Form received by (initials) _____ Date _____

PEO/ (initials) _____ Date _____

Signature verified of student (initials) _____ Date _____

Conversation with requester? YES / NO _____ Date _____

Comments from conversation :

Information released (initials) _____ Date _____

Documents released _____

Comments

Documents copied (initials) _____ Date _____

Documents posted (initials) _____ Date _____

Database updated by (initials) _____ Date _____